MARYLAND STATE DEPARTMENT OF HEALTH

05514

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
LENGTH OF STAY (in this place) One week
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9 Baltimore Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 2002 N. Broad St (PENNSYLVANIA)
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia
STREET ADDRESS (If rural, give location) 2002 N. Broad St.

3. NAME OF DECEASED (Type or Print) (First) Alice (Middle) LOUISA (Last) Brown
4. DATE OF DEATH (Month) MAY (Day) 31 (Year) 53

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Mar 15 1882
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife & Clerical work
10b. KIND OF BUSINESS OR INDUSTRY Girard College
11. BIRTHPLACE (State or foreign country) Philadelphia, Pa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas Archer
14. MOTHER'S MAIDEN NAME Mary Sowers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. UNKNOWN
17. INFORMANT AND ADDRESS Mr. J.S. Archer, Brother 9 Baltimore ave Ocean City Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary occlusion, acute	5 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary insufficiency (angina)	6 years
	(c) Hypertensive cardio vascular disease	6

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE F. Townsend, Jr. M.D. (Degree or title) Deputy Medical Examiner Wor. Co. Md. ADDRESS Ocean City, Md. DATE SIGNED May 31, 53.

23. BURIAL, CREMATION OR MOVAL (Specify) Burial
DATE THEREOF June 3, 1953
NAME OF CEMETERY OR CREMATORY Fernwood
LOCATION (City, town, or county) Phila. Pa (State)

DATE REC'D BY LOCAL REG. 5/31, 53
REGISTRAR'S SIGNATURE Helen F. Hayward.
24. FUNERAL DIRECTOR Irvine A. Burbage ADDRESS Berlin Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 2 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05515

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin
MARYLAND
LENGTH OF STAY (in this place): 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin
STREET ADDRESS (If rural, give location): R F D

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Horace	Routten	Cropper	May	29	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	May 8, 1881	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own farm	Bishopville Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Cropper	Anna Catherine Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No No	no.	Mrs. H. R. Cropper Berlin Md RFD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
422.2 Immediate cause	(a) Acute Endocarditis	
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr. Myocarditis	7 Weeks
	(c) Chr. Bronchitis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 14 - 1953, to May 28, 1953, that I last saw the deceased alive on 5-28-, 1953 and that death occurred at 7.40 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Chas. R. Lowe		Berlin Md	May 30-53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 31, 1953	Odd Fellows	Burlington Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/31/53	Helen J. Hayward	Anna A. Burbage	Berlin Md

RECEIVED
JUN 2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05516

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Fourth St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural give location) 301 Second St.

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) E. (Last) DRYDEN

4. DATE OF DEATH: (Month) May (Day) 25, (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 23, 1887

9. AGE last birthday: 65 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joshua D. Dryden

14. MOTHER'S MAIDEN NAME: Vandelia Melvin

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Lacey F. Dryden, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.1 Immediate cause	(a) Coronary Occlusion	15 Min.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO	(b) Coronary Artery Disease	10 Mo.
DUE TO	(c) Hypertension	4 Years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 49, to May 25, 1953, that I last saw the deceased alive on May 19, 1953, and that death occurred at 9.30 am from the causes and on the date stated above.
SIGNATURE (Degree or title) Charles W. Trader M.D. ADDRESS Pocomoke City Md. DATE SIGNED May 26 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 5/27/53 | NAME OF CEMETERY OR CREMATORY St. Mary's Episcopal | LOCATION (City, town, or county) (State) Pocomoke, Md.

DATE REC'D BY LOCAL REGISTRAR May 27, 1953 | REGISTRAR'S SIGNATURE Anne E. White | 24. FUNERAL DIRECTOR ADDRESS Henry H. Watson, Pocomoke, Md.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 29 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05517

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Snow Hill Md
LENGTH OF STAY (in this place) 5 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Snow Hill Md
STREET ADDRESS (If rural, give location) Henry Chavis farm 3 1/2 miles of Snow Hill Md

3. NAME OF DECEASED (Type or Print) (First) Florence (Middle) Dunton (Last)
4. DATE OF DEATH (Month) May (Day) 7 (Year) 1953

5. SEX F
6. COLOR OR RACE C.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb 16-1904
9. AGE last birthday 49-2-21 Years | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work
10b. KIND OF BUSINESS OR INDUSTRY House Keeper Home & away
11. BIRTHPLACE (State or foreign country) Melba, Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Alonzo Mears
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Roy Dunton (Son) Snow Hill Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

795.2

Immediate cause (a) Sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Unknown

(c)

INTERVAL BETWEEN ONSET AND DEATH 1/1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr N. Eartorius (Degree or title) Dep Med Exam ADDRESS Pocomoke City Md DATE SIGNED 5/10/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 11/53
NAME OF CEMETERY OR CREMATORY Burton Cemetery
LOCATION (City, town, or county) Onley, Virginia (State)

DATE REC'D BY LOCAL REG. 5/11/53
REGISTRAR'S SIGNATURE Le Roy Smith
24. FUNERAL DIRECTOR Alley E. Dennis Snow Hill Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115A

RECEIVED
MAY 19 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05518

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise Night Club

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Florida COUNTY Dade
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Opa Locka
STREET ADDRESS (If rural, give location) 16425 N. 24th Ave.

3. NAME OF DECEASED (Type or Print) (First) ELOICE (Middle) JOYCE (Last) HAYNES
4. DATE OF DEATH (Month) May (Day) 23, (Year) 1953 19

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Jan. 17, 1934
9. AGE last birthday 19 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Transient laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Florida
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Leander Haynes
14. MOTHER'S MAIDEN NAME Sarah Postell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war, or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Sarah Haynes, Opa Locka, Fla.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

9814

Immediate cause (a) Homicide by firearm 38 bullet

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) causing internal hemorrhages minutes

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Paradise Inn 1½ mi. (CITY OR TOWN) 5 of Pocomoke (COUNTY) Worcester (STATE) Md
TIME OF INJURY (Month) May (Day) 23 (Year) 1953 (Hour) 12 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Killed by bullet from fire arm

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐*

SIGNATURE H. E. Sartorius (Degree or title) Ms. Dep. Med. Exam. ADDRESS Pocomoke City Md DATE SIGNED 5/25/53

23. BURIAL, CREMATION REMOVAL (Specify) Transit-Burial
DATE THEREOF 5/31/53
NAME OF CEMETERY OR CREMATORY Miami Colored Cemetery
LOCATION (City, town, or county) Miami, Fla. (State)

DATE REC'D BY LOCAL REG. May 27, 1953
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Henry H. Watson, Pocomoke, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 29 1953
BUREAU V. S.

05519

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 357

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
LENGTH OF STAY (in this place) 67 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Martin St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location) Martin St

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) B. (Last) Hearthway

4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 14-1885
9. AGE last birthday: 67-8-2 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Antique Dealer
10b. KIND OF BUSINESS OR INDUSTRY: Own Shop
11. BIRTHPLACE (State or foreign country): Snow Hill Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Benjamin Hearthway
14. MOTHER'S MAIDEN NAME: Henrietta Lambertson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 220-32-0643
17. INFORMANT & ADDRESS: McEdward Hearthway Snow Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 443X

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Acute Pulmonary Edema	12 Hrs
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Hypertensive Cardiovascular disease	5 yrs
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Asthma 10 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948 to May 16, 1953, that I last saw the deceased alive on May 16, 1953, and that death occurred at 7:15 A.m., from the causes and on the date stated above.

SIGNATURE Robert Lee La Mar (DEGREE OR TITLE) MD ADDRESS Snow Hill DATE SIGNED 5/16/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 18/53
NAME OF CEMETERY OR CREMATORY Whatcoat Cemetery
LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. 5/16/53
REGISTRAR'S SIGNATURE LeRoy Smith
24. FUNERAL DIRECTOR Alley Adams, Snow Hill, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A16 8

RECEIVED
MAY 19 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05520

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #1
LENGTH OF STAY (in this place) 88 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Evelyn (Middle) C. (Last) Hickman

4. DATE OF DEATH: (Month) May (Day) 30 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 6-1864
9. AGE last birthday: 88/6/24 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Snow Hill, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Isaac B. Conner
14. MOTHER'S MAIDEN NAME: Elizabeth Bratten

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mr Samuel Riley, Snow Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
447 X Immediate cause	(a) Arteriosclerotic Cardio-vascular Renal	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) disease	unknown
	DUE TO (c) Apoplexy	1 day

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1953, to May 31, 1953, that I last saw the deceased alive on May 31, 1953, and that death occurred at 12.15 P.m., from the causes and on the date stated above.

SIGNATURE Paul Cohen (DEGREE OR TITLE) ADDRESS Snow Hill Md DATE SIGNED 5/31/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF June 1/53
NAME OF CEMETERY OR CREMATORY Whatcoat
LOCATION (City, town, or county) Snow Hill, (State) Md

DATE REC'D BY LOCAL REG. 6/1/53
REGISTRAR'S SIGNATURE LeRoy Smith
24. FUNERAL DIRECTOR Wm E. Dennis, Snow Hill, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-18

RECEIVED
JUN 9 1953
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

35521

Reg. Dist. No. 353

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishopville Md
LENGTH OF STAY (in this place) 3 yrs-
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishopville Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) E (Last) JESTER

4. DATE OF DEATH: (Month) May (Day) 24 (Year) 1953

5. SEX: Male.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 4 1898

9. AGE last birthday: 55 yrs. If under 1 year: Months. 0 Days 20 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Merchant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John C Jester

14. MOTHER'S MAIDEN NAME: Anderson Buck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Edna Jester Bishopville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 4 24

Immediate cause (a) Hypertensive Cardio Vas. Disease — Interval Between Onset and Death: 5 yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral Thrombosis — 3 yrs

(c) Cardiac decompensation — 1 wk

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1952, to May 24, 1953, that I last saw the deceased alive on May 22, 1953, and that death occurred at 11:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert S. Long — ADDRESS: Frankford Del — DATE SIGNED: 5-26-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 5/26/53 — NAME OF CEMETERY OR CREMATORY: Odd Fellows — LOCATION (City, town, or county): Bishopville (State): Md

DATE REC'D BY LOCAL REG.: 5/26/53 — REGISTRAR'S SIGNATURE: H. K. Bergey - cme

24. FUNERAL DIRECTOR: Henry Watson — ADDRESS: Pocomoke Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05522

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
LENGTH OF STAY (in this place) 67 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS market St., ext

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location) market st, ext

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) (Last) Johnson
4. DATE OF DEATH: (Month) May (Day) 15 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 22-1885
9. AGE last birthday: 67-4-23 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tobacco
10b. KIND OF BUSINESS OR INDUSTRY: Hod Carrier
11. BIRTHPLACE (State or foreign country): Snow Hill, Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: James Johnson
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mrs May E Johnson, Snow Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 151X

			Interval Between Onset and Death
Immediate cause	(a)	Cachexia and Inanition	3 mos.
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Gastric Carcinoma	1 yr.
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Secondary Anemia — 6 mos

19a. DATE OF OPERATION: 10-30-52
19b. MAJOR FINDINGS OF OPERATION: "Extensive Carcinoma of Stomach
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Snow Hill (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948 19....., to May 15, 1953, that I last saw the deceased alive on May 14, 1953, and that death occurred at 6:00 A.m., from the causes and on the date stated above.

SIGNATURE Robert W. LaMar (DEGREE OR TITLE) MD ADDRESS Snow Hill DATE SIGNED 5/16/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 18/53
NAME OF CEMETERY OR CREMATORY Baptist Cemetery
LOCATION (City, town, or county) Snow Hill (State) Md
DATE REC'D BY LOCAL REG. 5/16/53
REGISTRAR'S SIGNATURE LeRoy Smith
24. FUNERAL DIRECTOR Alloy E. Dennis, Snow Hill, Md ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05523

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY: Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ocean City
LENGTH OF STAY (in this place): Thousand
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ocean City
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Percy (Middle) CONKLIN (Last) Lee
4. DATE OF DEATH: (Month) May (Day) 24 (Year) 1953
5. SEX: M M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: JAN 14 1883
9. AGE last birthday: 70 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanical Engineering
10b. KIND OF BUSINESS OR INDUSTRY: Steel
11. BIRTHPLACE (State or foreign country): New York N.Y.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: David Lee
14. MOTHER'S MAIDEN NAME: Harriet Conklin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) [illegible]
16. SOCIAL SECURITY No. 220167614
17. INFORMANT AND ADDRESS: Wife — Eva Helen Lee (Same)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Deferred pending report

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) from Chief Medical Examiner.

(c) Drowning

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute Alcoholism

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE) Ocean City, Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour) May 24, 1953 1:30 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Drowned in bath tub

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident ☒ , suicide , homicide , undetermined*

SIGNATURE: [illegible] (Degree or title) MD Deputy Medical Examiner Co Md ADDRESS DATE SIGNED May 24, 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 5/26/53
NAME OF CEMETERY OR CREMATORY: Chester Cem.
LOCATION (City, town, or county): Chestertown (State) Md

DATE REC'D BY LOCAL REG.: 5/25/53
REGISTRAR'S SIGNATURE: Helen F. Hayward
24. FUNERAL DIRECTOR: Anna A. Burbage Berlin Md ADDRESS

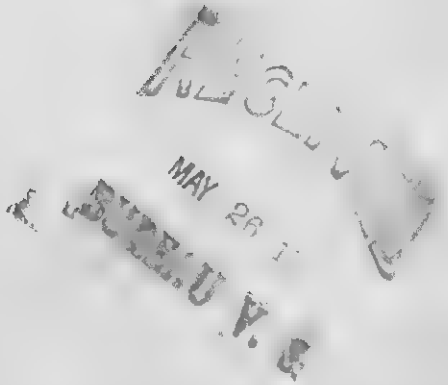
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15A

Low Blood pressure
Injured At Sparrows Pt 2 years
About 4 years ago had an attack of left appendix [illegible]

RECEIVED
MAY 28 1
BUREAU V. S.



05524

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural give location) 517 Young Street

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) (Last) Long
4. DATE OF DEATH (Month) May (Day) 3rd. (Year) 1953
5. SEX Male
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 22, 1907
9. AGE last birthday 45 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Edward Long
14. MOTHER'S MAIDEN NAME Edna Quinn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Jerry Long - Brother 512 Bonneville Ave, Pocomoke

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Central Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 1 day

322.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) C. alcoholism — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1951, to May 5, 1953, that I last saw the deceased alive on May 3, 1953 and that death occurred at 12 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) N. E. Sartorius Md. ADDRESS Pocomoke City Md DATE SIGNED 5/4/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 6, 1953
NAME OF CEMETERY OR CREMATORY Hall Hill
LOCATION (City, town, or county) Pocomoke (State) Md.
DATE REC'D BY LOCAL REG. May 6, 1953
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Edgar Wharton - New Church, Va. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 8 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 355

5525

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
LENGTH OF STAY (in this place) 44 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Wor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
STREET ADDRESS (If rural give location) 803 Baltimore ave

3. NAME OF DECEASED (Type or Print) (First) Stacey (Middle) Sleeper (Last) Ludlam
4. DATE OF DEATH (Month) May (Day) 30 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb 23 1912
9. AGE last birthday 41 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern Keeper
10b. KIND OF BUSINESS OR INDUSTRY Tavern & Hotel
11. BIRTHPLACE (State or foreign country) Ocean City Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Samuel Ludlam
14. MOTHER'S MAIDEN NAME Anna Farlow
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 220-
17. INFORMANT AND ADDRESS Mrs Catherine Ludlam (wife) Ocean City, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

976.6

Immediate cause (a) Gunshot wound of heart, self inflicted — Instantaneous

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Had been drinking heavily for several days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Place of Business (CITY OR TOWN) Ocean City (COUNTY) Wor (STATE) Md.
TIME OF INJURY (Month) May (Day) 30 (Year) 53 (Hour) 5:55 P m.
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR? Self inflicted wound - Suicide

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) F. Townsend Jr M.D. Deputy Medical Examiner Wor. Co. Md. ADDRESS Ocean City, Md. DATE SIGNED May 30, 53.

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF June 2, 1953
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) Berlin (State) Md

DATE REC'D BY LOCAL REG. 6/1/53
REGISTRAR'S SIGNATURE Helen E. Hayward
24. FUNERAL DIRECTOR Anna A Burbage ADDRESS Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A154

RECEIVED
JUN 5 1953
BUREAU V. S.

2161

05526

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 353

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bishopville — LENGTH OF STAY (In this place): 44 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bishopville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Horace (Middle) Walter (Last) Lynch
4. DATE OF DEATH: (Month) May (Day) 11 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 16 1871
9. AGE last birthday: 82 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Former
10b. KIND OF BUSINESS OR INDUSTRY: Own farm
11. BIRTHPLACE (State or foreign country): Roxana Del.
12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: William A Lynch
14. MOTHER'S MAIDEN NAME: Nelda Lynch
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 222-16-1326A
17. INFORMANT AND ADDRESS: Mrs Tilghman Lynch Bishopville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153X

Immediate cause (a) Congestive heart failure — 1 yr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of sigmoid — 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to May 11, 1953, that I last saw the deceased alive on May 9, 1953, and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE: William N Young — (Degree or title): MD — ADDRESS: Selbyville, Del — DATE SIGNED: May 11, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: May 13, 1953 — NAME OF CEMETERY OR CREMATORY: Roxana — LOCATION (City, town, or county) (State): Roxana, Del.

DATE REC'D BY LOCAL REG.: May 12-53 — REGISTRAR'S SIGNATURE: Hilda R. Berdy — 24. FUNERAL DIRECTOR: Peter Whaley — ADDRESS: Selbyville Del.

Home

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 18 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05527

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
LENGTH OF STAY (in this place) 27 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Winter Quarters Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke
STREET ADDRESS (If rural give location) Winter Quarters Drive

3. NAME OF DECEASED: (First) ANNA (Middle) G. (Last) McClure
4. DATE OF DEATH: (Month) May (Day) 11, (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Sept 1, 1884
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Teacher
10b. KIND OF BUSINESS OR INDUSTRY: Music
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles A. Grise
14. MOTHER'S MAIDEN NAME: Mary E. Milbourne

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs Ben R. Harrington, Cape Charles Va

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
141X
Immediate cause (a) Hemorrhage, Carotid Artery — Interval Between Onset And Death: 5 Minutes
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Cancer, Base of Tongue, Neck. — 18 Months
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb. 1953.
19b. MAJOR FINDINGS OF OPERATION: Squamous cell Carcinoma, base of tongue.
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) 0
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. ,1949, to May 11 , 1953, that I last saw the deceased alive on May 11 ., 1953, and that death occurred at 5:40 am, from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Charles W. Trader, M.D. Pocomoke City, Md. May 13, 1953.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/13/53
NAME OF CEMETERY OR CREMATORY Evergreen Cemetery
LOCATION (City, town, or county) (State) Berlin, Md
DATE REC'D BY LOCAL REGISTRAR May 13, 1953
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Henry H. Watson, Pocomoke, Md.
ADDRESS

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 18 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05528

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Berlin
LENGTH OF STAY (in this place): About 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Newport Rd. Rt. #3

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin
STREET ADDRESS (If rural, give location): Newport Rd. Rt. #3

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) James (Last) Robbins

4. DATE OF DEATH: (Month) (Day) (Year) 5 - 24 - 1953

5. SEX: Male

6. COLOR OR RACE: a a

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: about 1894

9. AGE last birthday: about 59 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm Hand

11. BIRTHPLACE (State or foreign country): Berlin, Worcester Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: George Robbins

14. MOTHER'S MAIDEN NAME: Lizzie Pitts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) Yes

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S ADDRESS: Mrs. Sarah E. Spence Berlin, Md. Rt. #3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

592X Immediate cause (a) Chronic Int Nephritis — Interval between onset and death: ?

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Hypertension — ?

DUE TO

(c) Abdominal obstruction — ?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-24, 1953 to 5-24, 1953, that I last saw the deceased alive on 5-24, 1953 and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Clifford E. Schut M.D. Berlin Md. 5/28/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5-29-53 — NAME OF CEMETERY OR CREMATORY: Germantown Cemetery — LOCATION (City, town, or county) (State): Berlin, Worcester Co. Md.

DATE REC'D BY LOCAL REG.: 5-28-53 — REGISTRAR'S SIGNATURE: Helen F Hayward

24. FUNERAL DIRECTOR — ADDRESS: Mary A. Stewart, 324 E. Church Street, Salisbury, Maryland

RECEIVED
JUN 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05529

Reg. Dist. No. 955

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City R F D. | LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City R F D.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Kirby	Tompkins	May	23	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
male	White	Married	Aug. 22, 1862	90 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer	Oil Boat	Salem N. J	U S A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Tompkins	Sarah Simmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	no		Mrs. J. K. Tompkins Ocean City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Occlusion	1 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Sclerosis & Angina	2 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ~, 19 49, to 23 May, 1953, that I last saw the deceased alive on 23 May, 1953, and that death occurred at 12:25 P m, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. D. Thomas md Ocean City 25 May 53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5/26/53	Evergreen	Salem	N J

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/28/53	Helen F Hayward	Anna A Barbour	Salem N J

RECEIVED
JUN 1 1953
BUREAU V. S.